

Please type a plus sign (+) inside this box ☒

PTO/SB/123 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	10/000,236
Filing Date	11/30/2001
First Named Inventor	Smithies
Art Unit	
Examiner Name	
Attorney Docket Number	15880.10003

Please change the Correspondence Address for the above-identified patent to:

☐ Customer Number

Place Customer
Member Bar Code
Label Here

Type Customer Number here

OR

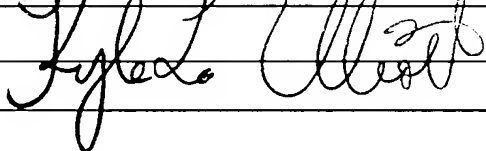
<input checked="" type="checkbox"/> Firm or Individual Name	Blackwell Sanders Peper Martin LLP				
Address	40 Corporate Woods, Suite 1200				
Address	9401 Indian Creek Parkway				
City	Overland Park	State	Kansas	Zip	66210
Country	USA				
Telephone	(913) 696-7000	Fax	(913) 696-7070		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number, use "Request for Customer Number Data Change" (PTO/SB/124).

This form will not affect any "fee address" provided for the above-identified patent. To change a fee address use the "Fee Address Indication Form" (PTO/SB/47).

I am the:

- ☐ Patentee.
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name	Kyle L. Elliott
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ * Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. Do not send fees or completed forms to this address. Send to: Assistant Commissioner for Patents, Washington, DC 20231.

OP-273519-1

RECEIVED
MAY 21 2002
TC 1700